(November 2002)

Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

Department of the Treasury Internal Revenue Service

ntema	I Revenue Service				► See S	ер	erate instructions	S				
A	For the period b	eginning		1 J	an		,20 13	and end	ing	30 Jun		, 20 13
В	Check applicable	e boxes:	V	Intial repor	t		Change of address		Amended r	eport		Final report
1	Name of organiz	zation								Employe	er ident	ification number
Wad	de Brown 2012									45	17489	73
2	Mailing address	(PO. Box or	numbe	r, street, an	d room or	suit	e number)					
176	Hickory Dr		_									
	City or town, sta	ate, and ZIP of	ode	-								
Elgi	in, Tx 78621						·					
3	E-mail address	of organizatio	n							4 Date	organiz	ation was formed
ros	s.fisher1@gma	il.com		·							4/18/	2011
5a	Name of custod	lian of records	5		5b	_	ustodian's address 76 Hickory Dr					
Lev	vis R. Fisher					E	Elgin, Tx 78621					
6a	Name of contac	t person			6b	С	ontact person's add	Iress				
						1	76 Hickory Dr					
Lev	vis R. Fisher					I	Elgin, Tx 78621					
7	Business addres	ss of organiza	ation (if	different fro	m mailing	add	ress shown above).	Number,	street, and r	oom or su	ite num	ber
san	ne	_										
	City or town, sta	ate, and ZIP of	code	-								
san	ne											
8	Type of report (check only or	ne box)									
а	First quarte	rly report (<i>due</i>	e by Ap	oni 15)		f	Monthly report (due by the 2 December re	20th day	following th			 above, except the
b	Second qua	arterly report	(due by	July 15)		g	Pre-election re	•	by the 12th	or 15th d	lay befo	re the election)
^	Third quarte	erly report (du	a hy O	ctober 15\			(2) Date of el					
C	mild quare		e by C		VED		(3) For the st				-	
, '	Vear-and re	port (due by	Januar	st,UEI	YED_		, , or the st	OI.	 -			_
u		1	l		0.040	5	Post-general	election re	port (due by	the 30th	day afte	er general election)
,е	Mid-year re	port (Non-ele	Glon	JUL 11	2013	S	(1) Date of el	lection:				

6a Name of contact person		6b	Contact person's address 176 Hickory Dr					
_ewis R. Fisher			Elgin, Tx 78621					
7	Business address of organization (if different from mail	ling ad	ddress shown above). Number, street, and room or	suite nui	mber			
san	ne							
	City or town, state, and ZIP code				-			
san	ne							
8	Type of report (check only one box)							
а	First quarterly report (due by April 15)		f Monthly report for the month of: (due by the 20th day following the month December report, which is due by January		above, except the			
b	Second quarterly report (due by July 15)		g Pre-election report (due by the 12th or 15th (1) Type of election	•	•			
c	Third quarterly report (due by October 15)				_			
d e	Year-end report (due by January 31) YEEN / EEN /	' lo	(3) For the state of: Post-general election report (due by the 30) (1) Date of election: (2) For the state of:	th day af				
9	Total amount of reported contributions (total from all a	attach	ed Schedules A).	9	0			
0	Total amount of reported expenditures (total from all a		,	10	0			
Sig He	and belief, it is true, correct, and complete	2	report, including accompanying schedules and statements, Date Cat No 30406G	Jed	e best of my knowledge 3 orm 8872 (11-2002)			

Schedule A Itemized Contributions Name of organization		Schedule A page 1 of 1 Employer identification numbe
Name of organization Nade Brown 2012	45 1748973	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date • \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date • \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date > \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code Aggregate below threshhold	Name of contributor's employer n/a	Amount of contribution
	Contributor's occupation n/a	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution 1/1/13 - 6/30/13
Subtotal of contributions reported on this page only of Form 8872	. Enter here and also include this amount in the total on it	ne 9 . ▶ \$

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization		Employer identification number
Wade Brown 2012	Name of many and a second	45 1748973
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure	1	
ruibose of experialitate		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	\$ Date of expenditure
	Thospion o decapation	Bate of experiance
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
Thoughout a flame, flaming address and zin seeds	Traine of rootplant a diriployer	Amount of experience
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure	<u> </u>	
, 1,200		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	\$ Date of expenditure
	rissipioni o occupanci.	Bate of experiance
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
·		·
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure	L	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
Aggregate below threshhold	n/a	\$ 0
	Recipient's occupation	Date of expenditure
	n/a	
	1.7.4	1/1/13 - 6/30/13
Purpose of expenditure		
Subtotal of expenditures reported on this page of	nly. Enter here and also include this amount in	in the total on
line 10 of Form 8872	my. Enter here and also include this amount	If the total of s 0